

Who is submitting this request?

Aggregator

Aggregator Batch Number

KN0215

Aggregator name

Knollwood Energy

Aggregator Email

linda@knollwoodenergy.com

Other Aggregator name

Other aggregator email address

Facility Owner Name

Pam Thunstrom

Owner Prefix

Ms.

Facility Owner email

PT-Ent@comcast.net

Owner Phone

603-882-7471

Facility Address

48 Concord St

Facility Town/City

Nashua

Facility State

NH

Facility Zip

03064

Is the facility address the same as the owner's mailing address

- ☒ Yes
☐ No

Mailing Address

Mailing Town/City

Mailing State

Mailing Zip

Primary Contact (who should we call with questions)

Contact Phone

Other Email Address

Facility Information

Class

Utility

Other Utility Name

Date of Utility Signoff

To obtain a GIS ID contact:

James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")

55420

Facility Operator Name, if applicable

Panel Quantity

44

Panel Make

SunEdison

Panel Model

F270

Panel Rated Output

270

System capacity based on panels

11.8800

Inverter Quantity

44

Inverter Make

Enphase Energy

Additional Inverter

Rated Output

215

System capacity based on inverters

9.46

System capacity in mW as stated on the interconnection agreement

9.46

Revenue Grade Meter Make

AEE Solar

Was this facility installed directly by the customer (no electrician involved)?

- ☐ Yes
☒ No

Date of Electrician Signoff

Sign-off Electrician's License Number

12245M

Installation Company

SunRay Solar

Other Installation Company Name

Other Inst. Company Address

Other Inst. Company City

Other Inst. Company State

Other Inst. Company Zip

Independent Monitor Name

Paul Button

Monitor Company Name

Energy Audits Unlimited

Monitor Company Name

Monitor Company Name

Monitor Company Name

Other Monitor Company Name

Is the installer also the equipment vendor?

- ☐ Yes
☒ No

Equipment Vendor

SunEdison

Please attach your completed interconnection agreement including Exhibit B.

https://fs30.formsite.com/jan1947/files/f-5-99-5791622_CyYUF7tg_Thunstrom_SPIA_.pdf

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-168-5791622_uPHXRDIJ_Thunstrom_NHOS.pdf

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-173-5791622_QX7z45DC_Thunstrom_COC.pdf

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.



Print Name

Linda Modica

Date Signed

12/31/2015

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA

RECEIVED
NOV 18 2014

Simplified Process Interconnection Application and Service Agreement

SESD

PSNH Application Project ID#: N 3247

Contact Information:

Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate)

Customer or Company Name (print): Pam Thunstrom

Contact Person, if Company: _____

Mailing Address: 48 C Concord St

City: Nashua State: New Hampshire Zip Code: 03064

Telephone (Daytime): (603) 882-7471 (Evening): (603) 305-0319

Facsimile Number: _____ E-Mail Address: pamthunstrom@comcast.net

Alternative Contact Information (e.g., System installation contractor or coordinating company, if appropriate):

Name: SunRay Solar

Mailing Address: 249 Loudon Rd

City: Concord State: New Hampshire Zip Code: 03301

Telephone (Daytime): (603) 225-6001 (Evening): _____

Facsimile Number: _____ E-Mail Address: justin@spreadthesunshine.com

Electrical Contractor Contact Information (if appropriate):

Name: Shawn Marvel

Mailing Address: 249 Loudon Rd

City: Concord State: New Hampshire Zip Code: 03301

Telephone (Daytime): (603) 209-4364 (Evening): _____

Facsimile Number: _____ E-Mail Address: shawn@spreadthesunshine.com

Facility Site Information:

Facility (Site) Address: 48 C Concord St

City: Nashua State: NH Zip Code: 03064

Electric _____

Service Company: PSNH Account Number: 56067476069 ✓ Meter Number: S70928415
S 70928415

Account and Meter Number: Please consult an actual PSNH electric bill and enter the correct Account Number and Meter Number on this application. If the facility is to be installed in a new location, please provide the PSNH Work Request number.

PSNH Work Request # _____

Non-Default Service Customers Only:

Competitive Electric

Energy Supply Company: _____ Account Number: _____

(Customer's with a Competitive Energy Supply Company should verify the Terms & Conditions of their contract with their Energy Supply Company.)

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA

Simplified Process Interconnection Application and Service Agreement

Facility Machine Information:

Generator/ Inverter Manufacturer: Enphase Model Name & Number: m215 Quantity: 44
✓ Nameplate Rating: 215 (kW) 240 (kVA) (AC Volts) Phase: Single ☒ Three ☐
Nameplate Rating: The AC Nameplate rating of the individual inverter.
✓ System Design Capacity: 9.4 (kW) (kVA) Battery Backup: Yes ☐ No ☒
System Design Capacity: The system total of the inverter AC ratings. If there are multiple inverters installed in the system, this is the sum of the AC nameplate ratings of all inverters.
Net Metering: If Renewably Fueled, will the account be Net Metered? Yes ☒ No ☐
✓ Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other _____
✓ Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other _____

Inverter-based Generating Facilities:

UL 1741 / IEEE 1547.1 Compliant (Refer To Part Puc 906 Compliance Path For Inverter Units, Part Puc 906.01 Inverter Requirements)
✓ Yes ☒ No ☐
The standard UL 1741.1 dated May, 2007 or later, "Inverters, Converters, and Controllers for Use With Independent Power Systems," addresses the electrical interconnection design of various forms of generating equipment. Many manufacturers choose to submit their equipment to a Nationally Recognized Testing Laboratory (NRTL) that verifies compliance with UL 1741.1. This term "Listed" is then marked on the equipment and supporting documentation. *Please include, any documentation provided by the inverter manufacturer describing the inverter's UL 1741/IEEE 1547.1 listing.*

External Manual Disconnect Switch:

An External Manual Disconnect Switch shall be installed in accordance with 'Part Puc 905 Technical Requirements For Interconnections For Facilities, Puc 905.01 Requirements For Disconnect Switches and 905.02 Disconnect Switch.'
✓ Yes ☒ No ☐
✓ Location of External Manual Disconnect Switch: Next to the meter.

Project Estimated Install Date: November Project Estimated In-Service Date: November

Interconnecting Customer Signature:

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the **Terms and Conditions for Simplified Process Interconnections** attached hereto:

Customer Signature: Pam Thunstrom Title: Homeowner Date: 11/17/174

Please include a one-line and/or three-line diagram of proposed installation. Diagram must indicate the generator connection point in relation to the customer service panel and the PSNH meter socket. Applications without such a diagram may be returned.

For PSNH Use Only

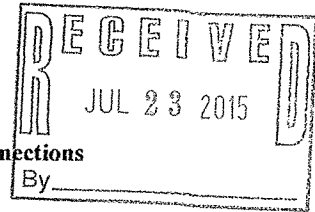
Approval to Install Facility:

Installation of the Facility is approved contingent upon the Terms and Conditions For Simplified Process Interconnections of this Agreement, and agreement to any system modifications, if required.

Are system modifications required? Yes ☐ No ☒ To be Determined ☐

Company Signature: Muhamed Motta Title: SR. ENGINEER Date: 11.19.14

Public Service Company Of New Hampshire
Interconnection Standards For Inverters Sized Up To 100 kVA
Exhibit B - Certificate of Completion for Simplified Process Interconnections



Installation Information:

☐ Check if owner-installed

Customer or Company Name (print): Pam Thunstrom
Contact Person, if Company: _____
Mailing Address: 48 C Concord St
City: Nashua State: New Hampshire Zip Code: 03064
Telephone (Daytime): (603) 882-7471 (Evening): (603) 305-0319
Facsimile Number: _____ E-Mail Address: pamthunstrom@comcast.net

Facility Information:

METER # 570928415

Address of Facility (if different from above): _____
City: _____ State: _____ Zip Code: _____

Electrical Contractor Contact Information:

Electrical Contractor's Name (if appropriate): Brian Pare
Mailing Address: 124A Hall Street
City: Concord State: New Hampshire Zip Code: 03301
Telephone (Daytime): (603) 225-6001 (Evening): _____
Facsimile Number: _____ E-Mail Address: Brian@spreadthesunshine.com
License number: 12245M
Date of approval to install Facility granted by the Company: 07-15-2015
PSNH Application ID number: #N 3247

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of:

City: NASHUA N.H. County: HILLSBORO

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection):

Signature: Russell Marcum

Name (printed): RUSSELL MARCUM Date: 7/21/15

Customer Certification:

I hereby certify that, to the best of my knowledge, all information contained in this Exhibit B - Certification of Completion is true and correct. This system has been installed and shall be operated in compliance with applicable standards. Also, the initial start-up test required by Puc. 905.04 has been successfully completed.

Customer Signature: Pam Thunstrom


As a condition of interconnection you are required to send/fax a copy of this form to :


Public Service Company of New Hampshire
Supplemental Energy Sources Department
780 North Commercial Street
P. O. Box 330, Manchester, NH 03105-0330
Fax No.: (603) 634-2449


New Hampshire PUC REC Certification Application Owner Statements


The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.


The project described in this application will meet the metering requirements of PUC 2506 including:

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 The meter shall be maintained according to the manufacturer's recommendations.

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 A copy of the facility's interconnection agreement is attached.

Pam Thunstrom

Printed Name of signature owner



Pam Thunstrom (Sep 10, 2015)

Signature of system owner